

FORM B

PAYMENT FOR CONSULTANT AND OTHER SERVICES

SCMC §§ 2.155.080.d

SEE INSTRUCTIONS ON REVERSE

File Original with the City Clerk

For Official Use Only

Page ____ of ____

Disclose any payment received in the preceding calendar for services to the City of Santa Clara, and elected City Official, City Official-Elect, and/or their controlled committees or officeholder committees

Date of Payment	Payment Received From: (Check all that apply)	Description of Service	Date(s) of Service	Amount of Payment
	<input type="checkbox"/> City of Santa Clara <input type="checkbox"/> City Official _____ <input type="checkbox"/> City Official-Elect _____ <input type="checkbox"/> Control Committee of City Official or City Official-Elect <input type="checkbox"/> Officeholder Committee of City Official or City Official-Elect			\$
	<input type="checkbox"/> City of Santa Clara <input type="checkbox"/> City Official _____ <input type="checkbox"/> City Official-Elect _____ <input type="checkbox"/> Control Committee of City Official or City Official-Elect <input type="checkbox"/> Officeholder Committee of City Official or City Official-Elect			\$
	<input type="checkbox"/> City of Santa Clara <input type="checkbox"/> City Official _____ <input type="checkbox"/> City Official-Elect _____ <input type="checkbox"/> Control Committee of City Official or City Official-Elect <input type="checkbox"/> Officeholder Committee of City Official or City Official-Elect			\$
	<input type="checkbox"/> City of Santa Clara <input type="checkbox"/> City Official _____ <input type="checkbox"/> City Official-Elect _____ <input type="checkbox"/> Control Committee of City Official or City Official-Elect <input type="checkbox"/> Officeholder Committee of City Official or City Official-Elect			\$

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